

**Procter & Gamble – I.P. Division****IMPORTANT CONFIDENTIALITY NOTICE**

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

**FACSIMILE TRANSMITTAL SHEET AND  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****RECEIVED  
CENTRAL FAX CENTER****JUL 12 2004****TO: Examiner H. D. Le - United States Patent and Trademark Office**

Fax No. 703-872-9306

Phone No. 703-306-5504

**OFFICIAL**

*I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on July 12, 2004, to the above-identified facsimile number.*

  
(Signature)**FROM: Thibault Fayette, Esq.**

Fax No. 513-627-8118

Phone No. 513-627-4593

Listed below are the item(s) being submitted with  
this Certificate of Transmission:\*\*

- 1) Petition for Extension of Time (In dup.)
- 2) Fee Transmittal Sheet (In dup.)

Inventor(s): Policicchio et al.

S.N.: 09/831,480

Filed: May 9, 2001

Case: 7368

Number of Pages Including this Page: 5


Comments:**OFFICIAL PAPERS**

**\*\*Note:** Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.



<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> Patent fees are subject to annual revision.	<b>Complete if Known</b>	
	Application Number	09/831,480
	Confirmation Number	5662
	Filing Date	May 9, 2001
	First Named Inventor	Policicchio et al.
	Examiner Name	H. D. Le
	Art Unit	3751
<b>TOTAL AMOUNT OF PAYMENT (\$420.00)</b>		Attorney Docket No. 7368

<b>METHOD OF PAYMENT</b> 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:  Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		<b>FEE CALCULATION (continued)</b> 3. <b>ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/> [420]</td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="3">* Reduced by Basic Filing Fee Paid</td> <td><b>SUBTOTAL(3) (\$)</b> [420]</td> </tr> </tbody> </table>		Code	(\$)	Fee Description	Fee Paid	1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>	1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>	1053	130	Non-English specification	<input type="checkbox"/>	1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>	1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>	1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>	1251	110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>	1252	420	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/> [420]	1253	950	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>	1254	1,480	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>	1255	2,010	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>	1401	330	Notice of Appeal	<input type="checkbox"/>	1402	330	Filing a brief in support of an appeal	<input type="checkbox"/>	1403	290	Request for oral hearing	<input type="checkbox"/>	1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>	1452	110	Petition to revive - unavoidable	<input type="checkbox"/>	1453	1,330	Petition to revive - unintentional	<input type="checkbox"/>	1501	1,330	Utility issue fee (or reissue)	<input type="checkbox"/>	1502	480	Design issue fee	<input type="checkbox"/>	1460	130	Petitions to the Commissioner	<input type="checkbox"/>	1807	50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>	1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>	1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>	1810	770	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>	1801	770	Request for Continued Examination (RCE)	<input type="checkbox"/>	1802	900	Request for expedited examination of a design application	<input type="checkbox"/>	1454	1330	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	* Reduced by Basic Filing Fee Paid			<b>SUBTOTAL(3) (\$)</b> [420]
Code	(\$)	Fee Description	Fee Paid																																																																																																																												
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>																																																																																																																												
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>																																																																																																																												
1053	130	Non-English specification	<input type="checkbox"/>																																																																																																																												
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>																																																																																																																												
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>																																																																																																																												
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>																																																																																																																												
1251	110	Extension for reply within 1 <sup>st</sup> month	<input type="checkbox"/>																																																																																																																												
1252	420	Extension for reply within 2 <sup>nd</sup> month	<input type="checkbox"/> [420]																																																																																																																												
1253	950	Extension for reply within 3 <sup>rd</sup> month	<input type="checkbox"/>																																																																																																																												
1254	1,480	Extension for reply within 4 <sup>th</sup> month	<input type="checkbox"/>																																																																																																																												
1255	2,010	Extension for reply within 5 <sup>th</sup> month	<input type="checkbox"/>																																																																																																																												
1401	330	Notice of Appeal	<input type="checkbox"/>																																																																																																																												
1402	330	Filing a brief in support of an appeal	<input type="checkbox"/>																																																																																																																												
1403	290	Request for oral hearing	<input type="checkbox"/>																																																																																																																												
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>																																																																																																																												
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>																																																																																																																												
1453	1,330	Petition to revive - unintentional	<input type="checkbox"/>																																																																																																																												
1501	1,330	Utility issue fee (or reissue)	<input type="checkbox"/>																																																																																																																												
1502	480	Design issue fee	<input type="checkbox"/>																																																																																																																												
1460	130	Petitions to the Commissioner	<input type="checkbox"/>																																																																																																																												
1807	50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>																																																																																																																												
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>																																																																																																																												
1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>																																																																																																																												
1810	770	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>																																																																																																																												
1801	770	Request for Continued Examination (RCE)	<input type="checkbox"/>																																																																																																																												
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>																																																																																																																												
1454	1330	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>																																																																																																																												
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																												
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																												
* Reduced by Basic Filing Fee Paid			<b>SUBTOTAL(3) (\$)</b> [420]																																																																																																																												
<b>FEE CALCULATION</b> 1. <b>BASIC FILING FEE - Large Entity</b> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>Utility filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1002</td><td>340</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>770</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="3"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b> [0]</td> </tr> </tbody> </table>		Code	(\$)	Fee Description	Fee Paid	1001	770	Utility filing fee	<input type="checkbox"/>	1002	340	Design filing fee	<input type="checkbox"/>	1004	770	Reissue filing fee	<input type="checkbox"/>	1005	160	Provisional filing fee	<input type="checkbox"/>	<b>SUBTOTAL (1)</b>			<b>(\$)</b> [0]	2. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity</b> <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td><input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims</td> <td><input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">** or number previously paid, if greater; For Reissues, see below</td> </tr> <tr> <td colspan="4"> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr> <td colspan="3"><b>SUBTOTAL (2) (\$)</b> [0]</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>			Extra Claims	Fee from Below	Fee Paid	Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/>	** or number previously paid, if greater; For Reissues, see below				<table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr> <td colspan="3"><b>SUBTOTAL (2) (\$)</b> [0]</td> </tr> </tbody> </table>				Code	(\$)	Fee Description	1202	18	Claims in excess of 20	1201	86	Independent claims in excess of 3	1203	290	Multiple dependent claim, if not paid	1204	86	**Reissue independent claims over original patent	1205	18	**Reissue claims in excess of 20 & over original patent	<b>SUBTOTAL (2) (\$)</b> [0]																																																									
Code	(\$)	Fee Description	Fee Paid																																																																																																																												
1001	770	Utility filing fee	<input type="checkbox"/>																																																																																																																												
1002	340	Design filing fee	<input type="checkbox"/>																																																																																																																												
1004	770	Reissue filing fee	<input type="checkbox"/>																																																																																																																												
1005	160	Provisional filing fee	<input type="checkbox"/>																																																																																																																												
<b>SUBTOTAL (1)</b>			<b>(\$)</b> [0]																																																																																																																												
	Extra Claims	Fee from Below	Fee Paid																																																																																																																												
Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																												
Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																												
Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																												
** or number previously paid, if greater; For Reissues, see below																																																																																																																															
<table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr> <td colspan="3"><b>SUBTOTAL (2) (\$)</b> [0]</td> </tr> </tbody> </table>				Code	(\$)	Fee Description	1202	18	Claims in excess of 20	1201	86	Independent claims in excess of 3	1203	290	Multiple dependent claim, if not paid	1204	86	**Reissue independent claims over original patent	1205	18	**Reissue claims in excess of 20 & over original patent	<b>SUBTOTAL (2) (\$)</b> [0]																																																																																																									
Code	(\$)	Fee Description																																																																																																																													
1202	18	Claims in excess of 20																																																																																																																													
1201	86	Independent claims in excess of 3																																																																																																																													
1203	290	Multiple dependent claim, if not paid																																																																																																																													
1204	86	**Reissue independent claims over original patent																																																																																																																													
1205	18	**Reissue claims in excess of 20 & over original patent																																																																																																																													
<b>SUBTOTAL (2) (\$)</b> [0]																																																																																																																															

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Thibault Fayette	Telephone	(513) 627-4593
Signature		Date	July 12, 2004

This collection of information is required by 37 C.F.R. 1.14. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Feetras.doc (Revised for P&G use 9/22/2003)